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WHY I PREFER OBSTETRICS IN PRIVATE NURSING

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When I consider the number of nurses, even in our own registry, who are registering against obstetrics and the large number of nurses with whom I am acquainted who "hate obstetrics" I begin to wonder why.

Recently I heard a private duty nurse say, "Obstetrical nursing is the very hardest kind of nursing," and I thought, surely our nurses are not afraid of hard work.

A few days ago a doctor complained of its being so hard to get nurses to take obstetrical cases. He said, "Some demand unusual fees for a case of obstetrics, some say without hesitation, they hate babies, hate obstetrics, too much work and so on."

The nurse who hates babies should register against obstetrics for she will never be popular with the mother. Mothers are sensitive on this point and can easily detect the nurse's attitude toward the baby even if she tries to conceal it. Let us hope this type of nurse will be increasingly rare and that there will be more and more who have the real nursing spirit giving themselves gladly wherever there is sickness and suffering.

I have just four reasons for entering this delightful work.

First, Because it is worth while to have a part in launching a new life on its way. Who does not agree with me that the entrance into the world of a new life is beautiful, yes, wonderful? Because life is so sacred, so truly divine, and its possibilities so great, is not the new-born babe worthy of a gracious reception on the part of the nurse? A new-born babe ought to appeal to the best in any nurse.

Second, I prefer obstetrical nursing because of love for the babies themselves. Love for *all* the babies, the pretty babies, the homely babies, the crying babies and the good babies, any baby and every baby. Love for babies ought to be natural to any nurse, because it is the normal attitude of a woman's nature. Unless a nurse has willfully crushed out this natural endowment by cultivating an assumed dislike, it ought to be easy for any nurse to *mother* anybody's baby.

Third, I prefer this nursing because it is full of joy and hope. It is such happy nursing. Here there is rarely the gloomy, foreboding outlook that so often confronts us in other nursing. Here there is the joy of life, of health, of growth, of future good.

Fourth, I prefer this nursing because one can be reasonably sure of her night's rest.

Do not smile at my last reason. It is an honest statement, because I learned the secret after a few experimental cases. I learned to manage mother and baby and thus was able to get my full rest at night.

So much for the choice of obstetrical work. The two factors in obstetrical nursing are, of course, the mother and the baby.

A few directions as to the care of the mother: the obstetrical nurse on entering a household for the first time must win the expectant mother. Make her feel that you are her friend, show real interest in her welfare and become a helper to her. Be tactful. You will not find confidence and esteem awaiting you just because you are a nurse. You must win these for yourself. Each nurse stands on her own merits.

The waiting period may be long, and it is part of the nurse's duty to so fill these days with pleasant occupation for mind and hands that the time will not seem burdensome. During this time is the nurse's opportunity to win the family, even the old, old grandmother, who will be watching askance thinking of the old days and the old ways. Adapt yourself to the routine of the family, adding to the general work as little as possible, and by all means win the good will of the servants. This can be easily done if one is sincere in her desire to do it.

Have everything in readiness, so that when labor begins you can give your full time to your patient.

Be sympathetic, be patient and kind to your patient, but encourage and inspire her to her best efforts. If you have won her confidence during the waiting period, she will have all faith in you and will do anything you suggest and will depend upon your judgment absolutely.

The mental attitude of the mother and its influence and effect upon the baby are becoming more and more apparent to all thinking people, so the mother should cultivate self control from the moment she is conscious of the little life depending upon her. I have found that if the mother is relaxed, contented and happy, the baby will be a sleepy, contented baby awakening only long enough to take nourishment. I bend all my efforts in this direction.

Then the baby: train the baby from the very first to regular habits in sleeping and feeding. Dress it warmly, having the clothing soft and loose, giving plenty of room for development.

The baby's needs are: fresh air, nourishment, warmth and sleep. Hunger, normally, is its only discomfort, but it may be uncomfortable because of cold, pain, disturbed sleep, ignorance of the nurse, or soiled clothing. If the baby is comfortable, it will sleep almost all the time during its first week of life. It will awaken only to nurse and will

fall asleep as soon as its hunger is satisfied. Until it is two months old, it should sleep twenty-one hours out of twenty-four.

The three necessary essentials in order to have a healthy baby are, regularity, quantity and quality. The nurse should be familiar with the character, amount and frequency of the baby's excretions and should teach the mother to recognize anything abnormal. Unusual conditions should be reported to the physician. He usually assumes that the baby is doing well unless informed to the contrary.

Therefore, if the baby is well and comfortable and the mother contented and happy and the mental attitude of the nurse just right, obstetrical nursing will be a real pleasure and the obstetrical nurse a boon to the nursing world.

"Pasteur said, more than a quarter of a century ago, 'it lies within the power of man to drive the bacterial diseases from off the face of the earth.' While this dream is not yet fully realized, enough of it has been done to prove that his assertion was correct. The deaths from all communicable diseases are nothing compared with what they were during Pasteur's lifetime. Smallpox has been practically wiped out and diphtheria is under control today, even with our poorly equipped and incompetent health departments. The deaths that do still occur are due to ignorance on the part of the people, as well as lack of proper health supervision. Yellow fever is no longer a scourge of the southland. Typhoid is no longer present where health regulations are in control. The results achieved in the Panama Canal Zone in the last decade are convincing enough that a death rate can be cut down from hundreds to less than ten per thousand population annually. The annual death rate is less in the Canal Zone today than it is in the United States. If it can be done in the Canal Zone, it can be done in the United States if we set about to do it. We know the facts. We must prepare to meet the obligation, the responsibility, nay, the opportunity. Physicians, nurses, dentists, veterinarians, sanitary engineers, bacteriologists, and chemists, all must prepare themselves to meet this grave responsibility, if we ever hope to wipe out this enormous death rate and unnecessary loss of life."—*William DeKleine, M.D.*